

SOKOL KHB ADULT GYM PROGRAM REGISTRATION

NAME _____ AGE _____ BIRTHDAY _____

ADDRESS _____

PHONE _____ E-MAIL _____

OCCUPATION _____

I wish to register for the following:

CLASS _____ Volleyball _____
(Participation in ADULT activities requires Sokol membership)

In so doing, I understand that I will engage in a program of physical education and discipline. I certify that I am in the physical condition that assures a healthy, safe participation in all required activities, and agree that I will bring no claim, legal action, suit or proceedings of any kind of character against the American Sokol or any of its members, or associated clubs, because of any damages, losses, or injury to person or property or both while participating in and enjoying the privilege of the Sokol Program.

I further understand that each participant is: (a) expected to purchase the required uniform for his or her class; (b) expected to participate in all Sokol programs and competitions; (c) expected to attend class regularly; (d) expected to abide by rules set forth by the instructor or the Board of Instructors and be courteous to all instructors and fellow participants; (e) expected to be clean and wear appropriate attire; (f) expected to help support the activities and projects of Sokol.

Signature

Date

(Office Use: Fee Paid _____ Check # _____ Date _____)

Member: Yes _____)